



UNCLAIMED PROPERTY REPORT SUMMARY

ND STATE LAND DEPARTMENT
UNCLAIMED PROPERTY DIVISION
www.land.state.nd.us (UPD 2002)

REPORT DUE DATES

Life Insurance: May 1 (as of Dec. 31), 20____
Other Holders: Nov. 1 (as of June 30), 20____

Please provide company name & mailing address below:

Contact Person and Title

(Area Code) Telephone Number

Fax Number

E-mail address

Federal Tax ID Number (FEIN)

REPORTING REQUIREMENTS

Indicate your type of business in the box below. The numbers shown next to your type of business correspond with the numbered sections on the back side of this sheet, which show property types and descriptions common to your type of business. (If you need to complete an "Itemization" form, these are the property code numbers we are asking for on that form).

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Bank: (1,2,4,5,10) | <input type="checkbox"/> Fed. Savings Bank: (1,2,4,5,10) | <input type="checkbox"/> Utility: (1,2,8) | <input type="checkbox"/> Corporation: (1,2,6) |
| <input type="checkbox"/> Credit Union: (1,2,4,5,10) | <input type="checkbox"/> Government: (1,2,9) | <input type="checkbox"/> Life Insurance: (1,2,3) | <input type="checkbox"/> Retail: (1,2) |
| <input type="checkbox"/> Trust Company: (1,2,5) | <input type="checkbox"/> Oil/Gas Company: (1,2,7) | <input type="checkbox"/> Prop/Casualty Ins. (1,2,3) | <input type="checkbox"/> Other: _____ |

REPORT SUMMARY

	# of Items	Total \$
ITEMS WITH AMOUNTS OF \$50.00 AND OVER		
ITEMS LESS THAN \$50.00		
Total Amount Due (Remit with Report)		

NUMBER OF SHARES / SECURITIES	
-------------------------------	--

I, being duly sworn on oath, depose and say that I am the holder, or authorized to make this report for the holder; that the report on this and attached pages, is a full, true and complete report of all unclaimed property now in possession or under the control of this holder, which is presumed abandoned as provided by North Dakota Century Code, Chapter 47-30.1; and that the holder sent written notice to the owner of the property presumed abandoned as required by Section 47-30.1-17 (05), N.D.C.C.

Checks & Securities should be issued to:

State Land Department
Unclaimed Property Division
PO Box 5523
Bismarck, ND 58506-5523

Phone: (701) 328-2800
Fax: (701) 328-3650

Signature

Title

Date: _____

PROPERTY DESCRIPTION CODES FOR USE WITH THE ITEMIZATION SHEETS

1) Misc. Checks & Intangible Personal Property

<u>Code</u>	<u>Description</u>
MS-01	Wages, Payroll or Salary
MS-02	Commissions
MS-03	Workers Comp Benefits
MS-04	Payment for Good/Services
MS-05	Customer Overpayments
MS-06	Unidentified Remittance
MS-07	Unrefunded Overcharges
MS-09	Credit Balances
MS-10	Discounts Due
MS-11	Refunds Due
MS-13	Unclaimed Loan Collateral
MS-14	Pension/Profit Sharing (IRA/KEOGH)
MS-15	Dissolution or liquidation
MS-16	Uncashed Checks
MS-18	Suspense Liabilities
MS-99	Aggregate for Misc. Property

2) Uncashed Checks

<u>Code</u>	<u>Description</u>
CK-01	Cashier's Checks/Certified Checks
CK-07	Money Orders
CK-08	Traveler's Checks
CK-09	Foreign Exchange Checks
CK-10	Expense Checks
CK-11	Pension Checks
CK-12	Credit Checks or Memos
CK-13'	Vendor Checks
CK-14	Checks Written off to Income
CK-16	CD Interest Checks
CK-99	Aggregate for Uncashed Checks

3) Insurance

<u>Code</u>	<u>Description</u>
IN-01	Individual Policy Benefits/Claim Pmts.
IN-02	Group Policy Benefits/Claim Pmts.
IN-03	Death Benefits Due Beneficiaries
IN-04	Matured Policies/Endow/Annuity
IN-05	Premium Refunds (Individual Policy)
IN-06	Unidentified Remittances
IN-07	Other Amounts Due Under Policy
IN-08	Agent Credit Balances
IN-99	Aggregate for Insurance Property

4) Account Balances Due

<u>Code</u>	<u>Description</u>
AC-01	Checking Accounts
AC-02	Savings Accounts
AC-03	Matured CDs or Savings
AC-04	Christmas Club Accounts
AC-06	Security Deposits
AC-99	Aggregate Amount Due

5) Trust, Investments and Escrow Accounts

<u>Code</u>	<u>Description</u>
TR-01	Paying Agent Accounts
TR-02	Undelivered/Uncashed Dividends
TR-03	Funds Held in Fiduciary Capacity
TR-04	Escrow Accounts
TR-05	Trust Vouchers
TR-99	Aggregate for Trust Property

6) Securities

<u>Code</u>	<u>Description</u>
SC-01	Dividends
SC-02	Interest on Registered Bonds
SC-04	Equity Payments
SC-05	Profits
SC-06	Paid toward Purchasing Shares
SC-07	Bearer Bond Int./Matured Principal
SC-08	Stock Returned by Post Office
SC-09	Cash for Fractional Shares
SC-10	Unexchanged Stock
SC-11	Certificates of Ownership
SC-12	Underlying Shares
SC-13	Unsurrendered Stocks or Bonds
SC-14	Debentures
SC-15	US Government Securities
SC-16	Mutual Funds
SC-17	Warrants/Rights
SC-18	Matured Prin. On Registered Bonds
SC-19	Dividend Reinvestment Plans
SC-20	Credit Balances
SC-99	Aggregate for Securities

7) Proceeds From Mineral Interests

<u>Code</u>	<u>Description</u>
MI-01	Net Revenue Interest
MI-02	Royalties
MI-03	Overriding Royalties
MI-04	Production Payments
MI-05	Working Interests
MI-06	Bonus
MI-07	Delay Rentals
MI-08	Shut-in Royalties
MI-09	Minimum Royalties
MI-99	Agg. For Proceeds from Mineral Interests

8) Utilities

<u>Code</u>	<u>Description</u>
UT-01	Utility Deposits
UT-02	Membership Fees
UT-03	Refunds or Rebates
UT-04	Capital Credit Distributions
UT-99	Aggregate for Utility Property

9) Court Deposits

<u>Code</u>	<u>Description</u>
CT-01	Escrow Funds
CT-02	Condemnation Awards
CT-03	Missing Heirs' Fund
CT-04	Suspense Accounts
CT-05	Other Deposits-Court/Public Authority
CT-99	Aggregate for Court Deposits

10) Safe Deposit Boxes/Safekeeping

<u>Code</u>	<u>Description</u>
SD-01	Contents of Safe Deposit Boxes
SD-02	Unclaimed Loan Collateral



**UNCLAIMED PROPERTY ITEMIZATION
ALL HOLDERS**

ND STATE LAND DEPARTMENT - UNCLAIMED PROPERTY DIVISION
PO BOX 5523 - BISMARCK ND 58506-5523
www.land.state.nd.us (UPD 2000)

Name of Holder	Date (Mo/Day/Year)	Page of
Address		FEIN #

LIFE INSURANCE HOLDERS COMPLETE REPORT AND REMIT FUNDS BY MAY 1 (as of December 31), ALL OTHER HOLDERS BY NOVEMBER 1 (as of June 30)

Property Code (From Unclaimed Property Report)	Name and Last Known Address of Owner(s)	Social Security No.	Amount/Quantity Due Owner	Account # or Check #	Date of Last Transaction or Legal Dormancy Date



HOLDER REQUEST FOR REIMBURSEMENT
NORTH DAKOTA STATE LAND DEPARTMENT
UNCLAIMED PROPERTY DIVISION
PO BOX 5523
BISMARCK ND 58506-5523
(701) 328-2800
SFN 19997 (01/00)

IMPORTANT

Property being requested for
refund was sent to ND Unclaimed
Property Division on: (mm/dd/yy)

PLEASE PRINT OR TYPE

PART I. HOLDER INFORMATION

Name of Holder	Holder FEIN	Address	City	State	Zip Code	Telephone Number ()
----------------	-------------	---------	------	-------	----------	-------------------------

PART II. CLAIM INFORMATION (For amounts \$50 or greater, please call Department prior to paying owner to ensure property is still unclaimed).

ACCOUNT/REFERENCE NUMBER	OWNER(S) NAME (Exactly as indicated on report)	OWNER(S) ADDRESS	CLAIMANT(S) NAME (If different than owner)	CLAIMANT(S) ADDRESS (If different than owner)	AMOUNT REQUESTED
If amount was remitted in error, please explain				TOTAL AMOUNT OF REIMBURSEMENT	

PART III. HOLDER CERTIFICATION

Sworn to and subscribed before me this _____ day of _____, 19_____ _____ Notary		I, _____, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, which were listed in the Report of Abandoned and Unclaimed Property filed by the holder have been paid to the rightful owners or their representatives. I agree, upon payment of the above described property, to indemnify the State and hold it harmless from all claims and loss, demands, costs and other expenses which the State may sustain by reason of turning over the property to the holder and by reason further of its refusal to pay the property to any other person or persons.	
My Commission Expires _____		Signature of Holder Representative X	Date
		Name of Representative (Type or Print)	Date



SAFE DEPOSIT BOX INVENTORY STATEMENT
NORTH DAKOTA STATE LAND DEPARTMENT
UNCLAIMED PROPERTY DIVISION
PO BOX 5523
BISMARCK ND 58506-5523
(701) 328-2800
SFN 19370 (03/00)

Do Not Complete This Form Or Report The Name Of The Owner If The Box Is Empty.

Holder ID # _____

Name and Address of Financial Institution

Branch Location
Contact Person

Box Owner's Name and Last Known Address

Social Security Number
Date Lease Expired

Contents of Box

I hereby certify that the above statements and the items listed on the front and back of this form are true and correct.

Signature of Authorized Personnel

Date

Signature of Authorized Personnel

Date